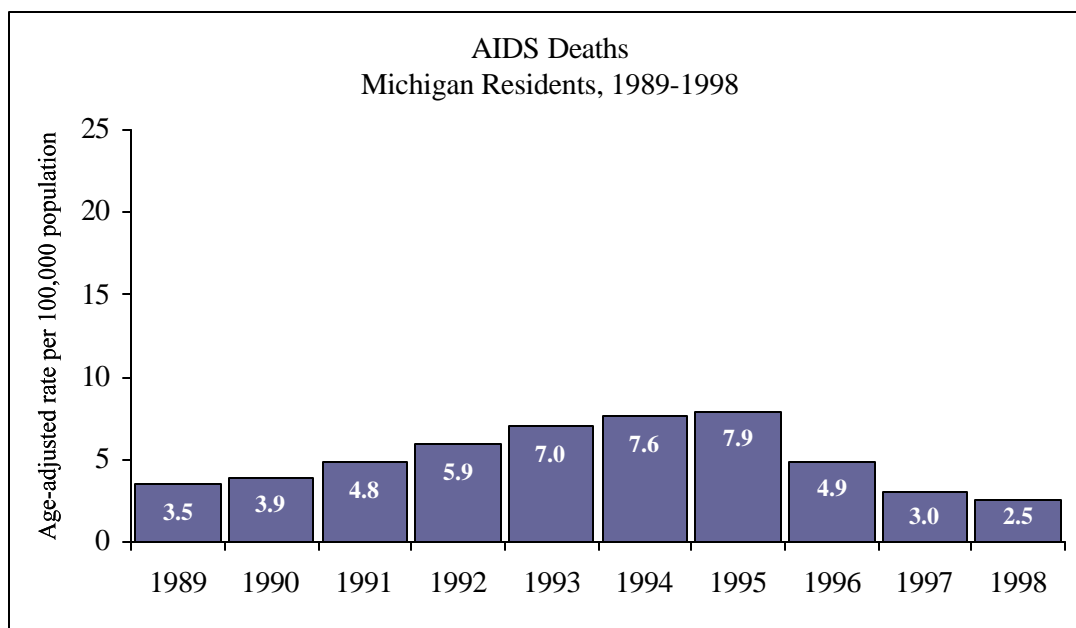


Focused Indicators

Morbidity and Mortality

AIDS Deaths



Source: Division for Vital Records and Health Statistics, MDCH

How are we doing?

The rate of death due to AIDS in Michigan declined significantly from its peak of 7.9 per 100,000 to 2.5 in 1998. There were 270 deaths due to AIDS in Michigan in 1998. At the peak in 1995, there were 795 deaths due to AIDS.

AIDS is the final stage of Human Immunodeficiency Virus (HIV) infection. As treatment and early identification of HIV infection has improved, persons with HIV infection and AIDS are living longer although there is still no cure. Decreasing AIDS deaths do not necessarily reflect decreasing spread of HIV, but indicate improved treatment for those infected. Practicing safer sex and not sharing needles are important ways to prevent HIV infection.

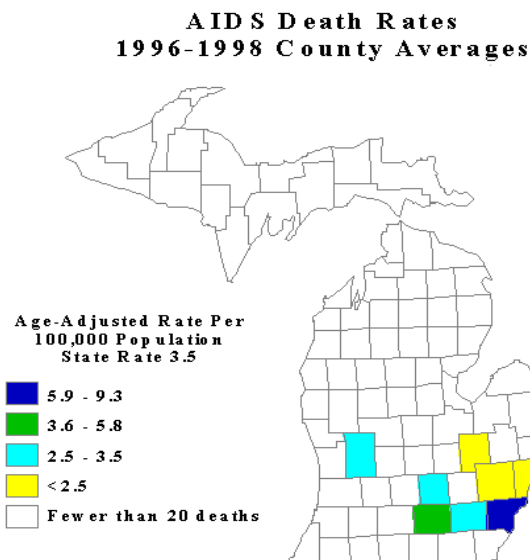
How does Michigan compare with the U.S.?

Michigan's 1997 age-adjusted AIDS death rate of 3.0 was nearly half the U.S. rate of 5.8. Both the U.S. and Michigan have been experiencing rapid decline in AIDS deaths since 1995.

How are different populations affected?

In 1998, about 92 percent of all AIDS deaths in Michigan occurred to persons in the 25-54 year old age group. This has historically been the age group with the greatest number of AIDS cases.

Even though the mortality rate for AIDS has decreased dramatically for African-American males since 1995 (61.2 compared to 19.7 age-adjusted rate per 100,000 in 1998), AIDS continues to be one of the leading causes of death for this group. In 1998, the rate of AIDS deaths in Michigan was about 10 times higher for African-Americans males (19.7) than for white males (2.0).



The rate of AIDS deaths was four times higher for men (4.1) than for women (0.9). About one in 2,500 pregnant Michigan women are infected with HIV. Preventive treatment of the mother during pregnancy decreases the baby's chances of becoming infected by about two-thirds.

What other information is important to know?

HIV can remain dormant in the human body for many years. Some people may have symptoms in as soon as a few months, whereas others may be symptom-free for more than 10 years. It is estimated that about 12,500 Michigan residents are living with HIV/AIDS infection. About 1,100 persons are newly diagnosed with HIV infection annually.

The recent decline in AIDS deaths is due to better access to care and better treatment, allowing AIDS patients to live longer. Education and prevention efforts have kept the incidence of new infections from increasing.

What is the Department of Community Health doing to affect this indicator?

The department is actively working to decrease HIV/AIDS morbidity and mortality and improve the quality of life for HIV-infected persons. For those infected, immune system monitoring and viral load testing are provided to support appropriate therapy. Treatment can delay the development of opportunistic infections and AIDS, thus postponing death. FDA-approved drugs are provided free of charge to eligible clients through the HIV/AIDS Drug Assistance Program. In addition, Ryan White CARE Act and Michigan Health Initiatives programs give priority to ensuring that patients have access

to and are sustained in primary care. Medical care and social support services are coordinated for individuals and families and include dental services, substance abuse treatment, mental health counseling, case management, emergency financial assistance, transportation, client and legal advocacy, housing assistance, food assistance, support groups, health insurance, and home health.

The Maternal and Child HIV/AIDS program provides services to reduce the perinatal transmission of HIV and assures coordination of medical care and social support services for infected and affected women, children, and families. The program is based on a family-centered care approach for service delivery that recognizes the ever present influence of family in the care and management of the disease.

The department focuses on culturally-relevant outreach, education, counseling, and testing services to high-risk groups. Programs include risk reduction and referral outreach programs, partner counseling and referral services, training of health care professionals, family planning programs, mental health treatment and counseling, and HIV testing. These programs are designed to either prevent disease or sustain a healthy life for those who become infected.

Finally, the nature and extent of the HIV epidemic is monitored using a sophisticated system of active disease surveillance. Reports of infection potentially related to unusual exposures are thoroughly investigated.

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